

JUSTICE CIVIL CITATION

THE STATE OF TEXAS

TO: TSAO-CHUEN KU
7901 METROPOLIS DRIVE
2ND FLOOR DENTAL
AUSTIN, TX 78744

DELIVERED THIS 18 DAY OF Nov, 2014
MARIA CANCHOLA
CONSTABLE, PCT 4 TRAVIS COUNTY, TEXAS
DEPUTY

DEFENDANT, in the hereinafter styled and numbered cause:

You have been sued. You may employ an attorney to help you in defending against this lawsuit. But you are not required to employ an attorney. You or your attorney must file an answer with the court. Your answer is due by the end of the 14th day after the day you were served with these papers. If the 14th day is a Saturday, Sunday, or legal holiday, your answer is due by the end of the first day following the 14th day that is not a Saturday, Sunday, or legal holiday. Do not ignore these papers. If you do not file an answer by the due date, a default judgment may be taken against you. For further information, consult Part V of the Texas Rules of Civil Procedure, which is available online and also at the court listed on this citation.

YOUR WRITTEN ANSWER SHALL BE FILED AT THE ADDRESS BELOW.

IF YOU HAVE ANY QUESTIONS, YOU SHOULD CONSULT AN ATTORNEY.

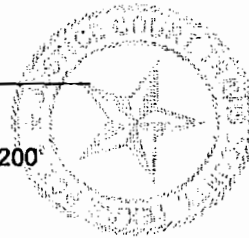
Your cause number is J4-CV-14-002468 case styled:
CYRIL MURRAY VS. TSAO-CHUEN KU

was filed in Justice Court, Precinct 4, on November 10, 2014.

In order to obtain a jury trial, you must request one and pay a jury fee of \$22.00 dollars no later than 14 days before the day set for trial.

ISSUED under my hand on November 10, 2014.

Raul A. Gonzalez
Judge Raul A. Gonzalez
Justice Court, Precinct 4
4011 McKinney Falls Pkwy, Ste. 1200
Austin, Texas 78744



Plaintiff Pro Se:
CYRIL MURRAY
8520 WHITE IBIS DR.
AUSTIN, TX 78729

OFFICER'S RETURN

Came to the hand on the _____ day of _____, 20____ at _____ o'clock _____ M Executed at
_____ within County of _____ at _____ o'clock _____ M on the
_____ day of _____, 20____, by delivering to the within named:

a true copy of this citation together with the accompanying copy of the petition having first attached such copy of such petition to such copy of citation and endorsed on such copy of citation the date of delivery.

To certify which witness my hand officially: _____

Constable, Pct. 4 of _____ County, Texas
By Deputy _____

CAUSE NO. J4-CV- 14-00246BPLAINTIFF'S ORIGINAL PETITION
☒ SMALL CLAIMS or ☐ DEBT CLAIMS
Precinct Four, Travis County, TexasPLAINTIFF'S NAME(S): Cyril Murray
(IF AN INDIVIDUAL, ANSWER THE FOLLOWING:)Address (for court purposes): 8520 White Ibis DR. Austin TX 78729Phone: (512) 998 52-26 City State Zip
Date of Birth: Driver's License No.: Plaintiff's E-mail: Vet4like17@yahoo.com Fax: () N/A
(By providing E-mail, consent is given for Email Service)

(IF A BUSINESS ENTITY, ANSWER THE FOLLOWING:)

Name of ☐ Agent ☐ Attorney: N/ABusiness Address: N/A City State Zip Phone No.

HEREINAFTER CALLED PLAINTIFF, ON OATH DEPOSES AND SAYS THAT;

DEFENDANT'S NAME(S): Ku, Tsao-Chuen

(IF AN INDIVIDUAL, ANSWER THE FOLLOWING:)

Residence address: UnknownPhone: 512 823-4050 City State Zip
Date of Birth: Driver's License No.: Business or Employer's Name: Veterans Affairs Outpatient Clinic Austin TXWORK ADDRESS: 7901 Metropolis Drive Austin TX 78744 City State Zip Phone No. 512 823-4050
(2nd floor Dental)

(IF A BUSINESS ENTITY, ANSWER THE FOLLOWING:)

Name of ☐ Owner ☐ Agent to be served: N/AAddress for service: N/A City State Zip Phone No. ☒ I request a jury trial. The fee is \$22.00HEREINAFTER CALLED DEFENDANT, (is) or (are) justly indebted to the Plaintiff, in the sum of \$ 9,900.00 for:

Briefly describe the nature of Plaintiff's demand and claim

Mrs. Ku removed an replaced filling in my mouth and while attempting to complete the process she experience difficulties and manipulated my teeth causing a tooth to shift unnaturally to include constant pain, discomfort, sensitivity. This claim is in part for pain, suffering and finance to repair teeth/tooth.Such Claim, within the knowledge of Plaintiff is just true; it is due; and all just and lawful offsets, payments and credits have been allowed. Plaintiff further requests that the court award reasonable attorney's fees to the plaintiff, if allowable by law, (state specific amount if known otherwise leave blank \$ 14,300). PLAINTIFF RESERVES THE RIGHT TO PLEAD FURTHER AT THE TIME OF TRIAL.

or Attorney's fees

PLAINTIFF'S SIGNATURE

By:

AUTHORIZED ATTORNEY/AGENT

SUBSCRIBED AND SWORN TO BEFORE ME, this 10 day of November, 20 14, to certify which witness my hand and seal of office.Court Clerk, Justice Court, Pct. 4, or
Notary Public in and for the State of TexasCLERK OF THE COURT
JUSTICE OF THE PEACE
TRAVIS COUNTY, TEXAS

*If this is a small claims case, see Texas Rules of Civil Procedure 502.2; for necessary contents of your petition. If this is a debt claim, see Texas Rules of Civil Procedure 508.2(a) for necessary contents of your petition